

# SDI Online Tutorial: Filing a Disability Insurance (DI) Claim



### **New Online Services**

Services have been enhanced and automated. You can now file a claim for Disability Insurance and Paid Family Leave online, submit forms online, and view claim information online. To register, visit:



New! SDI Online

New! SDI Online En Español

New!Troubleshooting: Accessing SDI Online

Previously registered with SDI Online?

If you have previously registered with SDI Online and want to log in to your account, visit:

SDI Online Login

CZ C I'm Lin Español

# Disability Insurance

- How to File a DI Claim
- DI Eligibility
- O DI Program Information
- DI Benefit Amounts
- New! SDI Online

More Disability Insurance Information

# Paid Family Leave

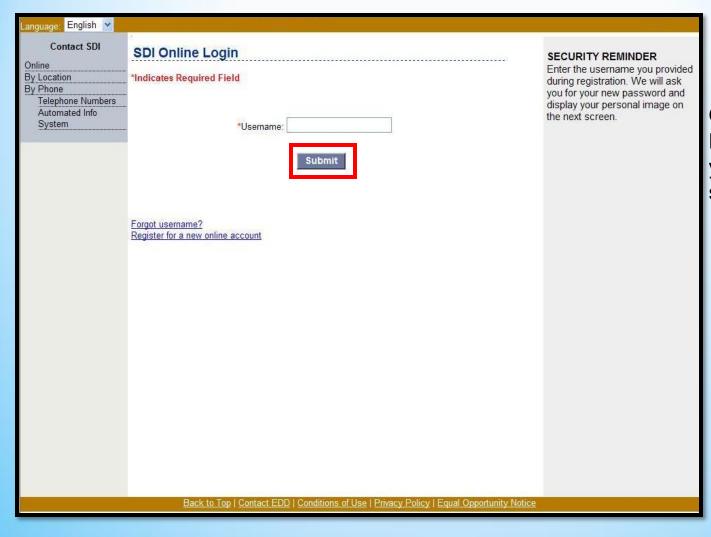
- How to File a PFL Claim
- PFL Eligibility
- PFL Program Information
- PFL Benefit Amounts
- New! SDI Online

More Paid Family Leave Information

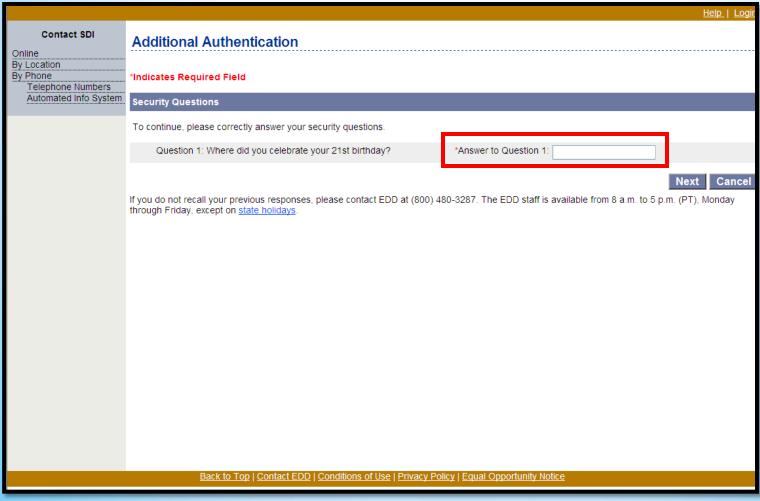
To file a claim for Disability
Insurance (DI) online, you must
first have a State Disability
Insurance (SDI) Online
account.

To access your account:

- Visit www.edd.ca.gov.
- Select Disability.
- Select the SDI Online Login hyperlink.

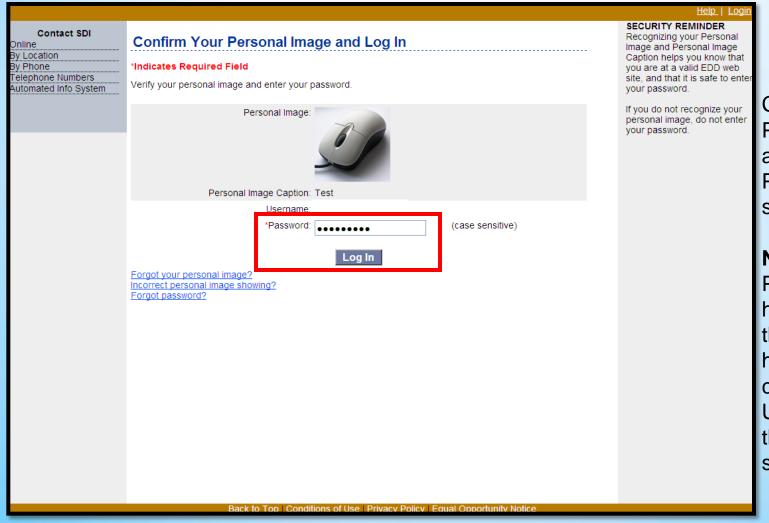


On the **SDI Online Login** page enter
your Username and
select **Submit**.



In some instances, a claimant may be asked to respond to the security questions established when creating the account.

Type the answer to the security question and select **Next**.



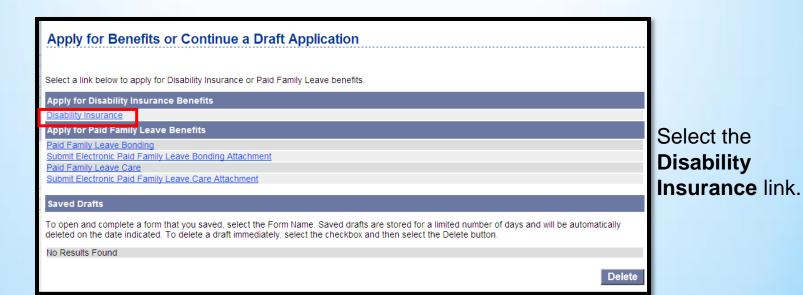
Confirm the Personal Image and enter your Password. Then select **Log In**.

Note: the Personal Image helps identify that the user has entered the correct Username on the previous screen.

### MAIN MENU Home Home Inho File a New Claim Personal Information Continue a Saved Draft Full Name: John Doe Manage My Profile EDD Customer Account 000-00-0000 My Claim History Number: SCDB Login Mailing Address: 123 Main St. Stockton, CA 95204-3512 Phone Number: Contact Us 000-000-0000 United States Residence Address: 123 Main St. Cell Phone Number: 000-000-0000 Stockton, CA 95204-3512 United States E-mail Address: Message Center Check the message center Inbox below to review messages and take required actions as needed. Inbox [New: 0 , Total: 0 ] Current Disability Insurance Claim(s) No Results Found Pending Disability Insurance Claim Application(s) No Results Found Submitted Paid Family Leave Claim Forms Only forms you submitted online are listed below. Paid Family Leave claim status is currently not available online. For assistance with a Paid Family Leave claim you may call 1-877-238-4373. No Results Found

Once you have successfully logged into your account, you will be directed to the **Home** page.

Select File a
New Claim
from the Main
Menu.



### **Disability Insurance Claim Filing Instructions**

### Before You Start and After You File

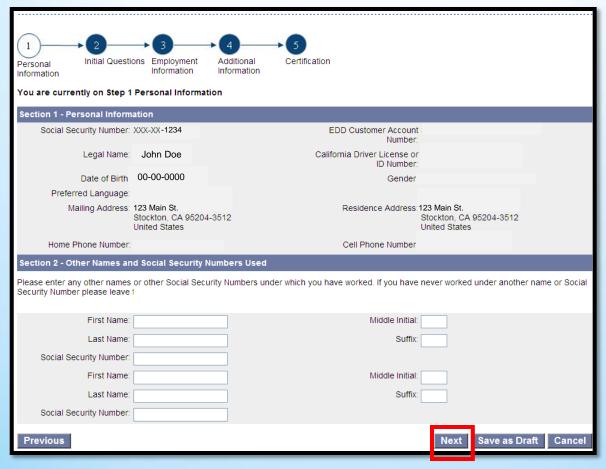
Please have the following information available while completing this form:

- · Most current employer(s) business name, telephone number, and mailing address as stated on your W2 form and/or paycheck stub.
- · Last date you worked your regular or customary duties and hours.
- · Date you began working at less than full duty or modified duty.
- Wages you received or expect to receive from your employer: sick leave, paid time off (PTO), vacation pay, annual leave, and wages earned
  after you stopped working.
- · Workers' Compensation claim information, if applicable.
- The name, address, and telephone number, if any, of the Alcoholic Recovery Home or Drug-Free Facility where you are currently receiving inpatient treatment.
- You are responsible for obtaining a Physician/Practitioner Certification for your disability. Your claim will be returned if the Physician/Practitioner
  Certification is not received within 30 days. Please note that your employer will be notified that you have submitted a DI claim. However, your
  detailed claim information is confidential and will not be shared with your employer.



This screen provides important information about the items you will need to file a DI claim.

Read this screen and select **Next** to proceed.

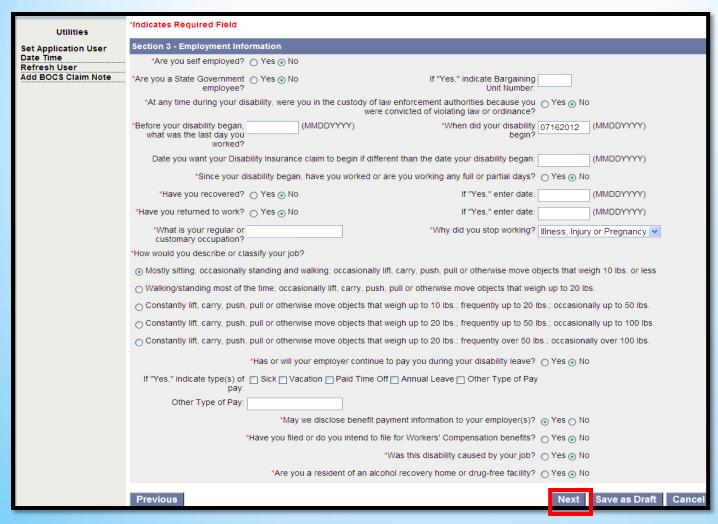


Information from your SDI Online account will automatically populate portions of the DI application.

Verify that information and complete any open fields, as appropriate.

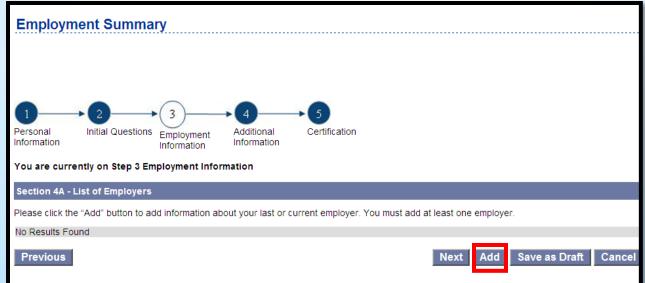
Then select Next.

Note: select Save as Draft at any point in the process to complete the form at a later time.

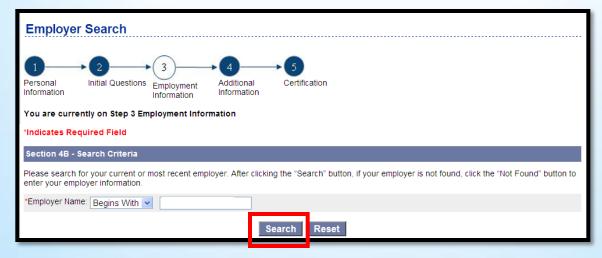


Complete the Employment Information section and select **Next**.

Mandatory fields are marked with a red asterisk.



Select the Add button to add information about your last or current employer.



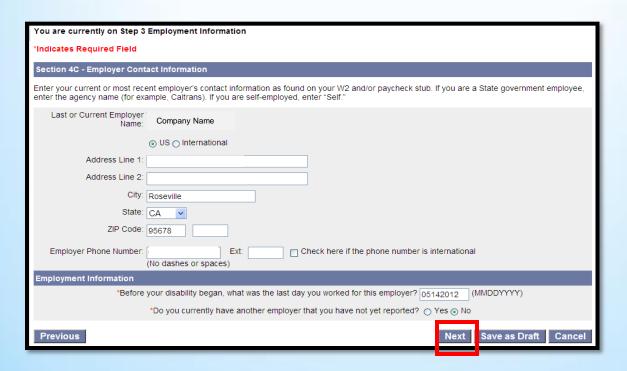
Enter the Employer Name then select **Search**.

Search options include "Begins With," "Exact," and "Sounds Like."



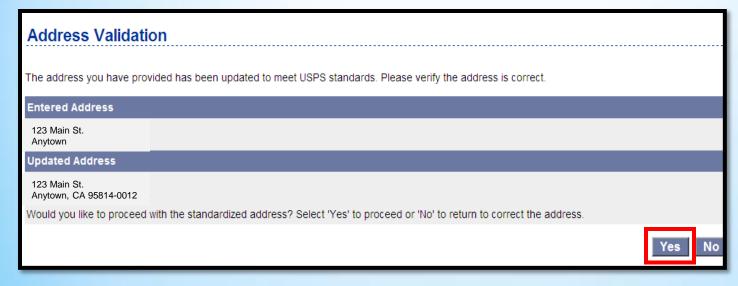
Search results will populate. Verify the employer and select **Next**.

Select the Add button to list more than one employer.



This screen appears if you selected the Add button on the previous screen

Complete the Employer Contact Information and Employment Information sections, then select **Next**.

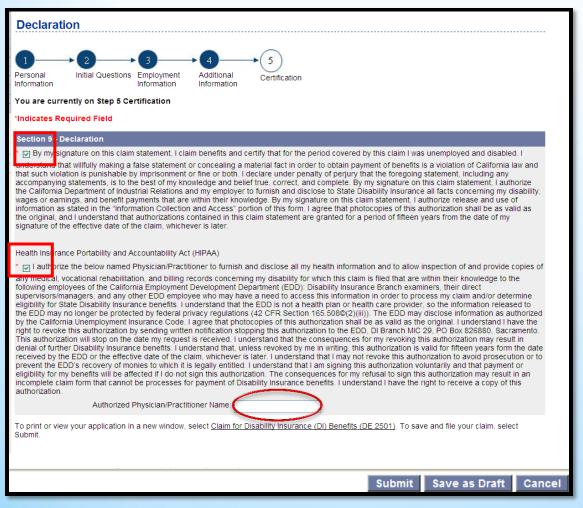


The SDI Online system may standardize the address. Confirm the Updated Address section is correct by selecting **Yes**.

Select **No** to go back to the previous screen and re-enter the address.



Confirm the Employment Information and select **Next**.



Select the first box to authorize an electronic signature.

Select the second box and enter the physician/practitioner name in the field.

Both boxes must be selected to complete your claim.

Select **Submit** to finalize the process.

Select Claim for Disability Insurance (DI) Benefits (DE 2501) to view or print your application.

### Confirmation

### Confirmation

You are responsible for providing this receipt number to your physician or practitioner so that they may submit a Physician/Practitioner Certificate for your claim. Your claim form is not complete without the Physician/Practitioner Certificate. Your physician or practitioner will use this receipt number to file the Physician/Practitioner certificate online or by mail.

Your completed claim form must be received no earlier than 9 days, but no later than 49 days, after the first day you became disabled. If your completed claim form is late, you may lose benefits. Most claims are processed within 14 days of receipt of a properly completed claim form, which includes your portion of the DE 2501 and the Physician/Practitioner certificate.

Certification can be made by a licensed medical or osteopathic physician and surgeon, chiropractor, dentist, podiatrist, optometrist, designated psychologist, or an authorized medical officer of a United States Government facility. Certification can be made by a nurse practitioner for disabilities other than normal pregnancy or childbirth after performance of a physical examination and collaboration with a physician and/or surgeon. Certification may also be made by a certified nurse-midwife, nurse practitioner, or licensed midwife for disabilities related to normal pregnancy and childbirth. Certification by a religious practitioner is acceptable only if the practitioner has been accredited by the Employment Development Department.

If you are receiving temporary Workers' Compensation benefits and are filing for reduced SDI benefits for the same disability period, the Physician/Practitioner certificate may not be required. Please call the Disability Insurance Customer Service Center at (800) 480-3287 for further instructions.

Print this page for your records and record the Form Receipt Number below. For future reference, you can also view your form on your Home page by selecting the same receipt number. This page is only a confirmation that your application has been received by the DIA system and is not meant to imply that you have been found eligible to receive SDI benefits.

Form Receipt Number R100000000060977

Customer Satisfaction Survey

Your opinion is important to us. Select the link below to complete a survey about your online experience.

Link to Survey

The **Confirmation** screen will provide a Form Receipt Number, which needs to be provided to the physician or practitioner.

Note: your physician can complete the medical portion of the hard copy claim form, Claim for Disability Insurance (DI) Benefits (DE 2501), if they do not want to submit the form online.

# Visit <a href="www.edd.ca.gov">www.edd.ca.gov</a> for more information about State Disability Insurance.

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-800-480-3287 (voice), or TTY 1-800-563-2441.